

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: Confirmation No.:

Applicant(s): Droleskeke et al.

Filed: Herewith

Art Unit:

Examiner:

Title: Terminal Block and Cable Connection

Attorney Docket No.: 003D.0002.U2(US)

Customer No.: 29,683

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Information Disclosure Statement

(37 C.F.R. §1.97(b))

Sir:

The following information is being disclosed to the U.S. Patent and Trademark Office as information that may be material to the examination of the above-identified patent application.

A Form PTO-1449 is enclosed for the Examiner's use which lists all the art cited in the parent applications (Serial Nos.: 10/157,524 and 10/160,316). In accordance with 37 C.F.R. §1.98(d) copies of the art are not included. These can be obtained by the Examiner from the file of the parent application.

The filing of this Statement is not to be construed as a representation that a search has been made regarding the claimed invention (37 C.F.R. §1.97(g)) or that no other

possible material information exists. In addition, the filing of this Statement is not to be construed to be an admission that the information cited in the Statement is, or is considered to be, material to Patentability (37 C.F.R. §1.97(h)).

Respectfully submitted,

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EXPRESS MAIL CERTIFICATE

I hereby certify that this correspondence is being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" on the date shown below addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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INFORMATION DISCLOSURE CITATION FORM FOR PATENT APPLICATION (FORM PTO-1449) (Substitute)		Docket No.: 003D.0002.U2(US)	Serial No.: Unassigned		
		Applicant(s): Drolesbeke et al.			
		Filing Date: Herewith	Group: Unassigned		
U.S. PATENT DOCUMENTS					
Examiner Initials	Document Number (Number-Kind Code)	Publication Date (MM-DD-YYYY)	Name of Patentee or Applicant	Class	Sub-class
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Examiner Initials	Document Number (Country Code-Number-Kind Code)	Publication Date (MM-DD-YYYY)	Name Of Patentee of Applicant		Translation? Yes/No/n/a
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OTHER DOCUMENTS (Author (Capitalize), Title, Date, Pages, Etc., if known)					
Examiner's Signature:			Date Considered:		
Initial if reference was considered, whether or not citation is in conformance with MPEP. Mark through citation if not considered. Include a copy of this citation form with your next correspondence to the Applicant(s).					